

Supreme Court of Nevada  
ADMINISTRATIVE OFFICE OF THE COURTS

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Certified Court Interpreters' Program

**ALTERNATIVE STUDY COURSE PLAN FORM**

**Fee: \$40**

*Form must be received at least 90 days prior to the expiration of the interpreter's Nevada Certified Court Interpreter credential.*

**SECTION I – PERSONAL INFORMATION**

*List the names and NV court interpreter credential number for all interpreters who will participate in this alternative study activity (at least two):*

Name	Address	Credential's ID Number	Credential's Expiration Date	Phone Number

## SECTION II – ALTERNATIVE STUDY COURSE LOCATION

*Please indicate location where interpreters will meet for alternative-study:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## SECTION III – SCHEDULE

*Please indicate the schedule of the times the interpreters will meet for alternative-study.  
A minimum of two hours per month for a minimum of three consecutive months.*

*Attach additional pages if you need more space than provided.*

Months				
Times				

## SECTION IV – COURSE DESCRIPTION

*Attach a full description of material to be studied.*

## SECTION V – SIGNATURES OF PARTICIPANTS

All participant interpreters must read and sign the statement below. At the completion of the alternative-study program, participating interpreters must sign an affirmation of the hours studied and submit a summary or evaluation of the alternative-study program.

***AOC assignee may observe an interpreter's alternative-study program at any time, without prior notice.***

*We declare under penalty of perjury under the laws of the State of Nevada that the information provided above is true and correct. We understand that any misrepresentations regarding an alternative-study program disqualify us from obtaining CE credits from the program in question, disqualify us from ever obtaining CE credits by participating in an alternative-study program, and may be an ethical violation resulting in suspension or withdrawal of the Nevada Certified Court Interpreter credential.*

Print Full Name	Signature	Date	NV Cert. ID#	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### SECTION VI – CHECKLIST

*Did you include the following?*

- ☐ *Names, addresses, and credentialing status of two or more court interpreters studying together?*
- ☐ *Description of material to be studied?*
- ☐ *A schedule of the times the interpreters will meet for alternative-study (a minimum of two hours per month for a minimum of three consecutive months)?*
- ☐ *The address where the interpreters will meet for alternative-study?*

### SECTION V – MAILING ADDRESS

Please send this form, supporting documentation and a corresponding payment (personal/business check or money order issued to the Administrative Office of the Courts) to the following address:

**Administrative Office of the Courts  
 Attn. Accounting Unit  
 201 South Carson Street, Suite 250  
 Carson City, NV 89701**